

POSITION	INITIALS	IC. NO.	DATE
<b>FEES DETERMINATION</b>	E.H		12-04-01
<b>O.I.P.E. CLASSIFIER</b>		43	12/13/01
<b>FORMALITY REVIEW</b>	H.T.	117	12/18/01
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	Original
1	7/22/01
2	✓
3	✓
4	✓
5	0
6	0
7	✓
8	0
9	✓
10	0
11	0
12	✓
13	✓
14	0
15	0
16	✓
17	0
18	✓
19	✓
20	✓
21	✓
22	✓
23	0
24	0
25	✓
26	0
27	✓
28	0
29	0
30	✓
31	✓
32	0
33	0
34	✓
35	0
36	✓
37	✓
38	✓
39	✓
40	✓
41	0
42	✓
43	✓
44	0
45	✓
46	0
47	✓
48	✓
49	✓
50	0

Claim	Date
Final	Original
51	✓
52	✓
53	0
54	✓
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions  
staple additional sheet here

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12/18/01